

Pursuant to the Federal Privacy Act (Public Law 93-579 and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, *et seq.*), notice is hereby given for the request of personal information. Failure to provide all or any part of the requested information may delay processing of this form, or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the POST Information Services Bureau for instructions on requesting records.

### INSTRUCTIONS

- Complete this application to request presenter access privileges to the POST Electronic Data Interchange (EDI) system. This form can also be used to change an existing account where access has already been granted (see Section 3).
- Visit [www.post.ca.gov/edi/edi/htm](http://www.post.ca.gov/edi/edi/htm) to access an online version of this form.
- Press TAB or ARROW keys to move to the next entry (do **NOT** press ENTER). You can also edit text entries.
- Complete all applicable sections and required signature boxes.
- Send your completed application to POST, Attn: Information Services Bureau, by U.S. mail to the above address or by fax (916) 227-5271.
- After your application has been reviewed, POST will notify you by e-mail or by phone to complete the process.

### SECTION 1: APPLICANT INFORMATION

1. APPLICANT NAME (LAST, FIRST, MI)

2. TRAINING INSTITUTE / PRESENTER (As listed in *POST Catalog of Certified Courses*)

3. PRESENTER CODE (4 digits)

4. EXECUTIVE RESPONSIBLE FOR TRAINING (If different from Applicant)

NAME:

TITLE:

5. MAILING ADDRESS (Street / P.O. Box)

6. CITY

7. STATE

8. ZIP

9. BUSINESS E-MAIL ADDRESS

FOR POST USE ONLY

10. BUSINESS PHONE NUMBER  
(      )

11. BUSINESS FAX NUMBER  
(      )

12. TECHNICAL SUPPORT CONTACT (Optional)  
NAME:

13. TECHNICAL SUPPORT PHONE NUMBER  
(      )

### SECTION 2: EDI FUNCTION

14. ☒ REQUEST PRESENTER FUNCTION AND ACCESS PRIVILEGE – COURSE SUMMARY REPORT(S) (View / Print only)

15. OTHER

### SECTION 3: CHANGE EXISTING ACCOUNT

16. ☐ MODIFY EXISTING ACCOUNT (Complete boxes 1–3 and 18–21. Revise other applicable boxes. Please highlight changes on the printed copy.)

17. ☐ DEACTIVATE ACCESS (Complete boxes 1–4 and 20–21)

### SECTION 4: APPLICANT ATTESTATION AND EXECUTIVE APPROVAL

I agree to abide by the following conditions for use of and access to the POST Electronic Data Interchange system:

- I understand that the EDI system, and the information contained therein, is for official use only. I also understand that I am entering a secured area.
- I understand that all activity is monitored. By using this system, I expressly consent to the monitoring of my activity.
- I understand that if the system monitoring reveals possible evidence of criminal activity, legal action will be taken. Additionally, if I participate in unauthorized access, attempted access, or misuse of data in any way, I am subject to State of California and/or federal prosecution and termination of my access privileges.

18. APPLICANT SIGNATURE

19. DATE

20. EXECUTIVE SIGNATURE (FROM BOX 4)

21. DATE